



CITY OF OCALA - LOCAL VENDOR AFFIDAVIT

This form is to be completed in its entirety.

1. **Legal Name of Firm:** _____

Doing business as (if applicable): _____

Federal Tax Identification Number: _____

Physical Address (in Marion County): _____

2. **Date your business began operation in Marion County:** _____

(Must be one year prior to the issuance of the City's formal bid solicitation.)

3. **Within one (1) year of date of the City's formal bid solicitation your firm has:**

(Check the option that applies.)

- ☐ Paid commercial real property tax to Marion County (for the most recent tax year)
- ☐ Paid/filed a tangible personal property tax form to Marion County (for the most recent tax year)
- ☐ Received a City of Ocala Home Occupation Permit
- ☐ Received a City of Ocala business tax certificate

Under penalty of perjury, the undersigned states the forgoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation or entity intentionally submitting false information in an attempt to qualify for local vendor preference will be subject to a (1) year bidding suspension, and possibly up to a three (3) year bid debarment.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Title: _____ **Email:** _____

Affidavit is valid for one (1) year from the date above.